FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am secretary of State DOCUMENT # 469142 1. Entity Name GUARDIAN SECURITY SYSTEMS, INC. 05-07-2002 90251 029 ***150 00 Principal Place of Business Mailing Address 51 WEST GRENADA BLVD. 51 WEST GRENADA BLVD. ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address 51 W. Granada Blvd. 51 N. Granada Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1572365 Not Applicable Zip Zip-Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAVARRETTA, CHESTER P. SR. Street Address (P.O. Box Number is Not Acceptable) 22 VILLAGE DRIVE ORMOND BCH FL 32074 - 4 City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PV TITLE ☐ Delete TITLE ☐ Change ☐ Addition CAVARRETTA, CHESTER P NAME NAME 22 VILLAGE DRIVE STREET ADDRESS STREET ADDRESS ORMOND BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE Change NAME CAVARRETTA, ROBERT D NAME STREET ADDRESS 2417 ORIOLE LANE STREET ADDRESS SOUTH DAYTONA FL-CITY-ST-ZIP CITY-ST-ZIR TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Ωelete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or true ee majowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee en changed, or on an attachment with air address all other like empowered.

Date

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR